



The Adjutant General Directorate



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Traumatic Servicemembers' Group Life Insurance TSGLI Overview

UNCLASSIFIED



TSGLI
HELPING
HEROES
IN TIMES
OF NEED

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What is TSGLI?

- Insurance benefit attached to Servicemembers' Group Life Insurance (SGLI) coverage costing \$1 monthly, for Soldiers who suffer a qualifying physical loss due to a traumatic injury
- Provides tax-free payment(s) between \$25,000 and \$100,000 per traumatic event, based on a schedule of losses
- Not a Purple Heart payment, nor is it linked to a VA disability rating
- Available to Soldiers from all components—Active, Reserve, or National Guard and members of all branches of Service



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TSGLI Eligibility Periods

RETROACTIVE Related to combat support	PROSPECTIVE Anytime and Anywhere
7 October 2001 – 30 November 2005	1 December 2005 – forward
<ul style="list-style-type: none">✓ Qualifying traumatic injury <u>must</u> occur while:<ul style="list-style-type: none">• On orders in support of OIF/OEF and overseasOR• Serving in a specified Combat Zone <p>✓ SGLI coverage not necessary</p>	<ul style="list-style-type: none">✓ Qualifying traumatic injury can occur under any circumstances—doesn't have to be combat-related✓ Traumatic injury does NOT have to occur while on orders✓ Soldier <u>must</u> have SGLI coverage



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Qualifying Traumatic Injuries

Definition: Soldiers who sustain one or more ***qualifying physical losses*** caused by ***external force or violence***

Qualifying injuries (losses)	As a result of (event examples)	
Amputation (limb or big toe/thumb or 4 toes/4 fingers)	Improvised Explosive Device	Civilian Car Accident
Limb Salvage (arm or leg in place of amputation)		
Loss of Sight, Speech or Hearing (see program defined guidance)		
Paralysis (quadriplegia, paraplegia, hemiplegia, uniplegia)	Training Accident	Vehicle Borne Improvised Explosive Device
Burns (2 nd degree to at least 20% of face or body)		
Facial Reconstruction (see program defined guidance)	Motorcycle Accident	Small Arms
Traumatic Brain Injury (TBI) or Coma (Glasgow Coma score of eight or less) - see ADLs		
Other Traumatic Injuries (OTI) – see ADLs	Rocket Propelled Grenade	Civilian Aircraft Accident
Activities of Daily Living (ADLs): <i>REQUIRES ASSISTANCE TO PERFORM</i> at least <u>two of six</u> ADLs for specified periods of time.		



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Time Constraints

- Qualifying loss must have occurred within 730 days of event
- Multiple events within seven days count as one event
- Events more than seven days apart are considered additional events
- Deceased must have survived for seven days and must have sustained a qualifying physical injury to qualify



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When Is A Soldier Not Covered?

Injuries caused/sustained by:

- Self-inflicted wounds
- Attempted suicide
- The willful use of an illegal or controlled substance, not under prescription
- Committing or attempting to commit a felony
- Medical or surgical treatment of an illness or disease
- A mental or physical illness or disease; unless the illness or disease is caused by:
 - A pyogenic (pus forming, often from a wound) infection, biological, chemical or radiological weapon
 - Accidental ingestion of a contaminated substance
- The Soldier elected to not participate in SGLI after 1 December 2005



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2-PART Claim Form

☐ Part A – Soldier

☐ Part B – Licensed Medical Professional


TRAUMATIC INJURY PROTECTION (TSGLI)
UNDER THE SERVICEMEMBERS' GROUP LIFE INSURANCE PROGRAM
Administered by the Office of Servicemembers' Group Life Insurance



Claim for Traumatic Injury Protection (TSGLI) Payment
Please submit your completed claim to your branch of service below.

Branch	Contact Information	TSGLI Branch of Service Contacts		
		Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail
Army All Components	Phone: (800) 237-1236 Website: www.tsqli.army.mil	(800) 275-0884	tsqli@huffman.army.mil	Department of the Army Traumatic: SGLI (TSGLI) 200 Stewart Street Alexandria, VA 22302-6470
Marine Corps All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: www.marines.mil/TSGLI	(800) 858-2315	t-sgl@usmc.mil	HQ Marine Corps Attn: MB-TSGLI 3200 Russell Road Quantico, VA 22134
Navy All Components	Phone: (800) 369-3202 Website: www.navy.mil/CommandSupport/Consult/Assistance/TSGLI/TSGLI	(801) 674-2395	MAIL_TSGLI@navy.mil	New Personnel Command Attn: PERG-62 5720 Integrity Drive Millington, TN 38055-6200
Air Force Active Duty	Phone: (800) 433-0048 Website: ask.afpc.randolph.af.mil	(210) 565-2348	afpccasualty@randolph.af.mil	AFPC/CPSC 550 E Street West, Suite 14 Randolph AFB, TX 78150-4710
Air Force Reserves	Phone: (800) 525-0102	(800) 678-6255	ramon.rodriguez@afpc.deweaver.af.mil	HQ AFPC/DPPE 6700 E Livingston Place #4000 Denver, CO 80230-4008
Air National Guard	Phone: (703) 607-0001	(703) 607-0003	tsqliclaims@hag.af.mil	NOIC, Customer Operations Air National Guard Bureau 1411 Jefferson Davis Hwy Suite 10718 Arlington, VA 22202
Coast Guard	Phone: (202) 267-1648	(202) 267-4823	twalsh@coastguard.mil	Commandant, US Coast Guard Attn: CG-12222 100 2ND St, NW Washington, DC 20503-0001
Public Health Services	Phone: (301) 584-2003	(301) 584-2873 or (800) 733-1363	compensation@branchhps.hhs.gov	PBS Compensation Branch Parkman Building 9000 Totten Lane, Rm 4-50 Rockville, MD 20857
NOAA Corps	Phone: (301) 713-3444	(301) 713-4140	Director.sgc@noaa.gov	U.S. Dept. of Commerce, NOAA 8401 Calverville Rd, Suite 500 Silver Spring, MD 20910

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT
GL 2005.261 Ed. 9/2006 7347-8906-PDF



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*Note: any intentional false statements or unwillful misrepresentation on the claim form is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C 1001)



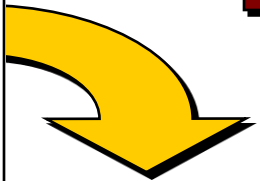
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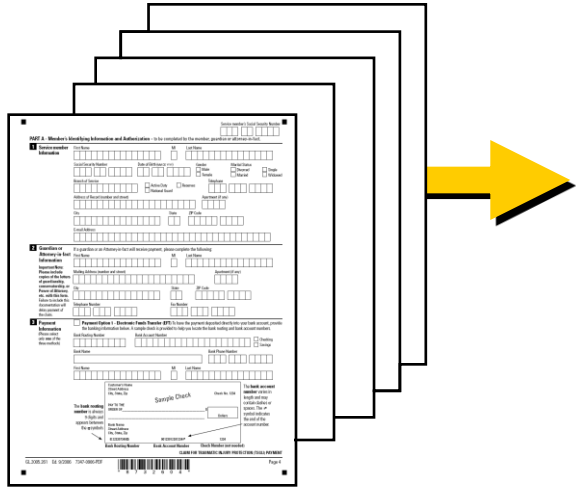


Claim Form Part A – Soldier

Completed by Soldier or Advocate



PART A: Member's Identifying Information	
Section 1: Servicemember Information	
Section 2: Guardian and Attorney-in-fact Information	
Section 3: Traumatic Injury Information	
Section 4: Payment Options	
Section 5: Signature	
Section 6: Authorization to Release Information	





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TSGLI Payout Methods

Pay to the Order of

Prudential  Financial



**Electronic
Funds Transfer**
(Account of Soldier's choice)



**Prudential
Alliance Account**
(In Soldier's name ONLY)



Check
(For guardian or POA ONLY)

**** Free financial counseling is available from FinancialPoint® Corporation ****
Call toll free: 1-800-428-3416



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Claim Form Part B – Licensed Medical Professional

MUST be completed by a licensed medical professional— **does not** necessarily have to be a physician

TRAUMATIC INJURY PROTECTION (TSGLI)
UNDER THE SERVICEMEMBERS' GROUP LIFE INSURANCE PROGRAM
Administered by the Office of Servicemembers' Group Life Insurance

Claim for Traumatic Injury Protection (TSGLI) Payment

Please submit your completed claim form to the address on the back of this form.

Event	Event Description	Event Date	Event Location	Event Status	Event Outcome	Event Remarks
1	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
2	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
3	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
4	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
5	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
6	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
7	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
8	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
9	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008
10	Death	10/10/2008	10/10/2008	10/10/2008	10/10/2008	10/10/2008

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT

10/10/2008 10/10/2008 10/10/2008 10/10/2008 10/10/2008 10/10/2008 10/10/2008 10/10/2008 10/10/2008 10/10/2008

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PART B: Licensed Medical Professional's Statement

Section 1: Patient Information

Section 2: Hospitalization Information

Section 3: Qualifying Losses Suffered by Patient

Section 4: Other Information

Section 5: Medical Professional's Comments

Section 6: Medical Professional's Information

Section 7: Medical Professional's Signature



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Who Completes Part B?

- The following licensed medical professionals can provide certifying signatory statements as well as medical documentation:
 - Physicians
 - Dentists
 - Physician Assistants
 - Nurse Practitioners
 - Registered Nurses
 - Registered Dietitians
 - Neurologists
 - Ophthalmologists
 - Audiologists
 - Speech/Language Pathologists
 - Occupational/Physical Therapists
 - Other licensed medical professional within his/her scope of practice



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Commonly Required Documents

Loss: ADLs

- Occupational/Physical Therapy Report (ADL Documentation)
- Neurological Reports (TBI/ADL Documentation)
- Nurses Notes (ADL Documentation)
- Glasgow Coma Score

Loss: Other Physical Injuries

- Patient Discharge Summaries
- OR Report (amputation)
- Hearing Test Results (for hearing loss)
- Eye Test Results (for sight loss)
- Speech Test Results (for speech loss)
- Burn Estimate Charts
- Medical Summary and/or History
- Patient Movement Request
- Radiographic Reports (X-Ray, MRI, Ultrasound, etc.)
- Accident Report
- Line of Duty (LOD)
- Medical/Physical Evaluation Board (MEB/PEB)
- Other diagnostic test results (e.g., lab reports, etc.)
- Other pertinent documents demonstrating time duration of ADL loss and type of injury

IMPORTANT: Information in
medical documentation must
corroborate
the licensed medical
professionals information
stated in Part B



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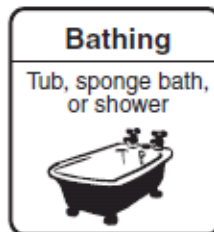


Claims for ADL Loss

Must require assistance to perform:

Activities
of daily
living

Servicemember
is unable to
perform the
activity if he or
she



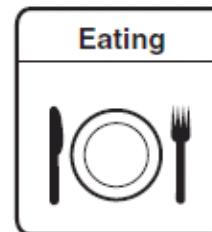
Needs assistance in bathing or cannot bathe



Is unable to manage and control bowel and bladder functions



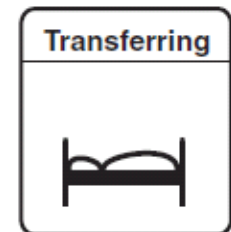
Needs assistance in getting dressed



Needs assistance in eating or is fed intravenously or by feeding tube



Needs assistance to go to and from toilet to relieve bladder or bowel or to perform associated personal hygiene



Needs assistance to get in and out of bed or a chair



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ADLs – What You Need To Know

- An ADL worksheet is embedded in the claim form on page 10 and must be completed, and certified by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her license to document a Soldier's condition by indicating:
 - Type: Of ADLs lost, if any (at least 2 to qualify)
 - Time: Dates of loss for each ADL
 1. Other Traumatic Injuries (OTI): at least 30 consecutive days
 2. Traumatic Brain Injury (TBI): at least 15 consecutive days
 - How: The Soldier required assistance to perform ADLs*
 1. Physical: Hands-on
 2. Stand-by: Within arm's reach
 3. Verbal: Must be instructed because of cognitive impairment

*If a Soldier is able to use adaptive behavior or equipment to perform ADLs, they are considered capable of independently performing their ADLs (this does not include bedpans, colostomy bags and catheters)



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Part B – ADL Sample Response

<p>What is the predominant reason the patient is/was unable to independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in the box provided.</p>	<p>What is the predominant reason the patient is/was unable to independently perform ADL? <input type="checkbox"/> Traumatic Brain Injury <input checked="" type="checkbox"/> Other Traumatic Injury (Please describe injury and give reason(s) it resulted in inability to perform activities of daily living.) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Car accident resulting in abdominal injuries, shattered right leg & right arm making movement extremely difficult & necessitated catheter use.</i> </div> </p>	
<p>Which ADL is the patient unable to perform? Check each ADL the patient cannot perform; AND; Fill in the dates inability began and ended or indicate inability is ongoing</p>	<p><input checked="" type="checkbox"/> Unable to bathe independently start date end date <div style="display: flex; justify-content: space-around;"> 02/11/2008 05/13/2008 </div> OR <input type="checkbox"/> Check here if inability is ongoing Type of assistance required (check all that apply) <input checked="" type="checkbox"/> physical assistance (hands-on) <input type="checkbox"/> stand-by assistance (within arm's reach) <input type="checkbox"/> verbal assistance (must be instructed because of cognitive impairment) </p>	<p>Patient is UNABLE to bathe independently if... <i>he/she requires assistance from another person to bathe more than one part of the body or get in or out of the tub or shower.</i> Describe assistance needed <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Patient had to be totally bathed due to fixations on right arm and leg.</i> </div> </p>

A licensed medical professional must indicate a Soldier's requirement for assistance to perform an ADL and the duration of time they cannot perform that ADL without assistance by checking appropriate boxes and dates, as shown on this example

Note: Licensed medical professional's signature must not be earlier than the end date of ADL



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15-Day Hospitalization Proxy

- Hospitalization days include:
 - Transit time
 - Day of entry and day of discharge
- Payment for 15-day hospitalization **replaces** 1st ADL milestone payment
- Hospitalization and ADL loss must be **continuous** for additional ADL milestone payments
- Hospitalization <15 days or non-consecutive hospitalization days are not counted



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15-Day Hospitalization Proxy

Hospitalization
proxy replaces
1st milestone
only

	Coma/TBI	Other Traumatic Injury	Payment
ADL milestone 1	15th day	30th day	\$25K
ADL milestone 2	30th day	60th day	\$25K
ADL milestone 3	60th day	90th day	\$25K
ADL milestone 4	90th day	120th day	\$25K



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Submit TSGLI Claim Forms Part A & B

Soldier, AW2 rep, TSGLI/CRSC Advocate, or licensed medical professional submits claim forms ensuring that critical supporting documents substantiating certification are included

Methods of Submission:

1. **Fax:** 1-866-275-0684
2. **E-mail:**
9918662750684@fax.hoffman.army.mil
3. **Mail:**
Army Human Resources Command
ATTN: AHRC-PDP-V
200 Stovall Street
Alexandria, VA 22332-0470

TRAUMATIC INJURY PROTECTION (TSGLI)
UNDER THE SERVICEMEMBERS' GROUP LIFE INSURANCE PROGRAM
Administered by the Office of Servicemembers' Group Life Insurance



Claim for Traumatic Injury Protection (TSGLI) Payment

Please submit your completed claim to your branch of service below.

TSGLI Branch of Service Contacts				
Branch	Contact Information	Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail
Army All Components	Phone: (800) 237-1536 Website: www.tsqli.army.mil	(800) 275-0684	tsqli@traum.army.mil	Department of the Army Traumatic: 500 TSGLI 200 Stovall Street Alexandria, VA 22332-0470
Marine Corps All Components	Phone: (877) 274-9825 or (703) 432-9277 Website: www.marines.mil/TSGLI	(888) 699-2215	tsgli@mcn.mil	MCJ, Marine Corps Attn: MC-TSGLI 3200 Russell Road Quantico, VA 22134
Navy All Components	Phone: (800) 368-3202 Website: www.navy.mil/Command/Support/Comanche/TSGLI/TSGLI	(800) 678-2205	MLI_TSGLI@navy.mil	Navy Personnel Command Attn: PERS-62 4720 Maryland Drive Millington, TN 38005-6300
Air Force Active Duty	Phone: (800) 453-0848 Website: ask.afpcrandolph.af.mil	(210) 565-2348	afpc.randolph@randolph.af.mil	AJPC/CRSC2 3901 C Street West, Suite 14 Randolph AFB, TX 78155-4716
Air Force Reserves	Phone: (800) 625-0102	(303) 676-6255	ramon.rickard@afpc.randolph.af.mil	AFJAG/CPRE 4701 E. Virginia Place, #4000 Denver, CO 80239-4008
Air National Guard	Phone: (703) 807-6801	(703) 607-8033	tsgli@airnathq.af.mil	AFMGC, Customer Operations Air National Guard Bureau 1411 Jefferson Davis Hwy Suite 30718 Arlington, VA 22202
Coast Guard	Phone: (202) 357-1648	(202) 357-4023	tsqib@coastguard.mil	Commandant, US Coast Guard Attn: CG-12223 100-240 St. NW Washington, DC 20565-9001
Public Health Services	Phone: (301) 594-2963	(301) 594-2973 or (800) 733-1303	compensation@hhs.gov	PMG Compensation Branch Partisan Building 6600 Follum Lane, Box 430 Rockville, MD 20857
NOAA Corps	Phone: (301) 713-3444	(301) 713-4140	Director@opm.noaa.gov	U.S. Dept. of Commerce, NOAA 6803 Columbia Rd., Suite 300 Silver Spring, MD 20910

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Multiple Claims, Reconsiderations and Appeals

- Multiple Claim Submissions Are Possible for:
 - Consecutive periods of ADL loss (up to 120 days)
 - Additional traumatic event(s) beyond seven days
 - Multiple injuries DO NOT require multiple claim forms
- Reconsiderations and Appeals
 - If a Soldier feels that their claim has been wrongly denied, there are three levels of appeal:
 - 1) Reconsideration** - The Soldier must gather specific supporting documentation and submit for a reconsideration
 - 2) Army Appeals Board** - If the claim is still denied, the Soldier must supply specific medical documents and submit the appeal to the U.S. Army TSGLI Appeals Board
 - 3) U.S. Army Review Board Agency (ARBA)** - The third level of the appeal process requires submission of existing documents to ARBA; their decision is the final step in the appeals board process



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TSGLI/CRSC Advocates

- TSGLI created the role of TSGLI/CRSC Advocate at 11 selected military medical centers to assist Soldiers and Families
- Direct support to Soldiers and their Families reduces ineligibles and denials, and increases approvals
- Responsibilities include:
 - Program education to medical personnel, leadership and claimants
 - Claimant advocacy
 - Claim processing assistance
 - Medical documentation assistance
 - Payment advisory/counseling
 - Guidance on ADLs
 - Address Soldier, Family concerns – channel to appropriate program authorities
 - Provide HRC benefit and resource referrals



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TSGLI Summary

- What is it?
 - A one-time, tax-free payment to assist additional financial burdens caused by a traumatic physical loss
- Who is eligible?
 - Two time periods: CZTE and Anytime/Anywhere
 - All components, all services
- How to qualify?
 - Cause & Effect: A traumatic event caused by an external force or violence resulted in a qualifying physical loss
 - Medical documentation must substantiate loss or ADL injury
 - TnT: Type and Time of ADL loss
 - PTSD is a mental illness and is not covered under TSGLI
- How to apply?
 - Submit Parts A & B to HRC for processing and adjudication

Every case is different, even if involved in the same event; it is given thorough and personal attention



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Benefit Program Related to TSGLI

Combat-Related Special Compensation (CRSC)



COMBAT-RELATED SPECIAL COMPENSATION

Because You – the Veteran – Earned It



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Combat-Related Special Compensation (CRSC)

- What is CRSC?
 - Program recognizing sacrifice of eligible military retirees
 - Replaces VA-disability compensation subtracted from retired pay
 - Provides monthly, tax-free payments based on retiree pay and VA disability rating
 - Available to retirees from all components—Active, Reserve, or National Guard and members of all Branches of Service



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Who Is Eligible for CRSC?

Must have All Four



At least "one" disability Combat-Related Basis

1. AC, RC, NG with Retirees:
20-Years Service
Chapter 61 Medical*
Temporary Disability Retired List (TDRL)*
Temporary Early Retirement Act (TERA)**
2. 10% or greater VA rated injury that is combat-related
3. Receiving military retired pay
4. Military retired pay is reduced by VA disability payments (VA Waiver)

1. Simulating War (SW)
2. Hazardous Service (HS)
3. Instrumentality of War (IN)
4. Armed Conflict (AC)

Note: Includes VA presumptive injuries

*Medical Chapter 61 and TDRL retirees with one to 19 years are eligible for CRSC

**TERA retirees with 15-19 years are eligible for CRSC



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What is Service Related vs. Combat Related

- Service-Related Injuries

Examples:

- Hurt **knee** during Battalion run at Airborne School
- Hurt **knee** falling down stairs in barracks

- Combat-Related Injuries

Examples:

- Simulating War: Hurt **knee** while reacting to OPFOR fire during FTX
- Hazardous Services: Hurt **knee** on a day or night jump
- Instrumentality of War: Hit **knee** on rotating tank turret during FTX
- Armed Conflict: Shot in **knee** by enemy during time of war



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A Successful Claim

- CRSC offers tools to help:
 - Letter to your medical provider
 - Procuring missing documents
 - Tips to preparing a successful claim
 - Frequently Asked Questions

*Note: any intentional false statements or unwillful misrepresentation on the claim form is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C 1001)



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CRSC Summary

- The top two reasons CRSC claims are disapproved
 - Official documentation provided does not tell **HOW** the injury occurred
 - Documentation must show cause and effect relationship between a combat-related event and injury
 - The VA-rating decision **Narrative Summary** was not provided



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Fax:

TSGLI: 1-866-275-0684



Email:

TSGLI Inquiries: tsgli@conus.army.mil

TSGLI Claims: 9918662750684@fax.hoffman.army.mil

CRSC: crsc.info@us.army.mil



Mail:

Army Human Resources Command

ATTN: AHRC-PDP-V

200 Stovall Street

Alexandria, VA 22332-0470



Website:

TSGLI: www.tsgli.army.mil

CRSC: www.crsc.army.mil



Call:

TSGLI: 1-800-237-1336

CRSC: 1-866-281-3254

(M-F 0800-1900 hrs EST)

Contact us about becoming a "Volunteer Ambassador"